

FILED JUL 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18205

State File No. 33

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>486</u>		Registrar's No. <u>33</u>			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Franklin					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan Metamec		c. LENGTH OF STAY (In this place) 3 Yr		c. CITY OR TOWN Sullivan		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Watson Rd.				e. STREET ADDRESS (If rural, give location) Watson Rd					
3. NAME OF DECEASED (Type or Print) a. (First) Verjinie b. (Middle) Blankenship c. (Last) Shults				4. DATE OF DEATH (Month) (Day) (Year) 7 7 1955					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 3-19-1955			
9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Months 3		11. UNDER 1 MRS. Hours 18		12. CITIZEN OF WHAT COUNTRY? U.S.A			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Japan Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Alfonzo Blankenship		13b. MOTHER'S MAIDEN NAME Sally Jaimerson		14. NAME OF HUSBAND OR WIFE Lemuel Shults					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs E Eastman ADDRESS Sullivan Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Coronary Thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____				19. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Sullivan Franklin Mo		21f. HOW DID INJURY OCCUR? _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 7, 1955 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Ernest L. Ottum Coronel General Mo				23b. ADDRESS _____		23c. DATE SIGNED July 8, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-11-55		24c. NAME OF CEMETERY OR CREMATORY Crow Cemetery		24d. LOCATION (City, town, or county) (State) Rural of Sullivan Mo			
DATE REC'D. BY LOCAL REG. 7/9/55		REGISTRAR'S SIGNATURE Thomas G. Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE Wesley P. Shaffer		ADDRESS Sullivan Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul F. Enollen.....

Licensed Embalmer No. 263

P. O. Address Salisbury
Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.